

THE AMERICAN LEGION NATIONAL EMERGENCY FUND INTERNET INSTRUCTIONS

PLEASE READ THE FOLLOWING INSTRUCTIONS VERY CAREFULLY!

Grants from this fund shall be utilized to provide temporary financial assistance to current American Legion members in areas devastated by a declared natural disaster, to include floods, tornadoes, hurricanes, earthquakes and related adverse weather events. *These funds are not designed for insurance compensation or to cover monetary losses from a business, structures on your property (barns, tool sheds) or equipment.* Individual members (Legion, Auxiliary or Sons of the Legion) as well as American Legion Posts may apply for this financial assistance. Only one grant per household will be approved.

REQUIRED APPLICATION INFORMATION: In order to receive a grant from the National Emergency Fund, the Department and National Headquarters must have sufficient, documented information to justify the need for such a grant. Therefore, the application must be filled in **completely and accurately**. If needed, attach additional sheets for supporting data (photos, estimates, etc.). (Applications for Posts follow a slightly different criterion — contact your Department Headquarters). NOTE: Grant requests must be submitted through the proper channels and reach National Headquarters within 90 days of the date of the disaster. To assist you in this endeavor, the following outline is provided as a guide:

SECTION I APPLICATION INFORMATION

- Item 1. — **NAME** — This is the name of the member for an individual grant (for a Post grant, this must be an authorized Post officer (e.g. Commander, Adjutant or Vice-Commander).
- Item 2. — **OFFICE HELD** — For a Post grant only.
- Item 3. — **MEMBERSHIP ID NUMBER** — All applicants must provide their MEMBERSHIP ID NUMBER.
- Item 4. — **POST NUMBER** — Your Post, Unit or Squadron Number.
- Item 5. — **DEPARTMENT** — The state where you hold membership.
- Item 6. — **MAILING ADDRESS** — This is the address where you want any approved funds to be sent.
- Item 7. — **PHONE** — This is your phone number or a number where you can be reached if your phone is not working.
- Item 8. — **SIGNATURE** — This is the individual or the authorized Post Officer who completed the application and will receive the funds.
- Item 9. — **DESCRIPTION OF LOSS/NEED** — This information should describe the property that was lost (e.g., house, furniture, etc.) or the need that will be met (e.g., food, clothing, temporary shelter, tools for work, temporary transportation allowance due to loss of primary vehicle, etc.) You must provide all necessary documentation -- such as photos, statements, and estimates regarding your loss or repair.
- Item 10. — **REPAIR/REPLACEMENT ESTIMATE** — This is the amount you need to replace or repair the item(s) damaged or lost as a result of the disaster.
- Item 11. — **AMOUNT AVAILABLE FROM OTHER SOURCES** — This is money you have already received, or will receive, from other disaster relief sources, such as federal and state assistance, insurance, the Red Cross, etc.

SECTION II FINANCIAL STATEMENT

- Item 12. — **INCOME** — This is the annual income you receive from all sources. If an income source has been interrupted by the disaster, you should indicate when you expect to start receiving the income again. If one of the income sources listed is not applicable, put "0" zero.

--- Turn page over for more instructions ---

Item 13. — **NET WORTH** — Include the market value of stocks, checking accounts, bank deposits, savings accounts and cash. Report the total market value of your (or the Post) rights and interest in all other property (e.g. a business, gifts, bequests, etc.). **INDIVIDUALS** should not include their principle residence under real estate, but do include all other real estate. Do not include the value of ordinary personal effects necessary for your daily living such as an automobile, clothing and furniture. Posts should include the value of **ALL** real estate.

FUNDRAISING — This is the combined annual Post income derived from various sources (e.g., restaurant, bar, catering, carnivals, bingo, etc.)

Item 14. — **DISTRIBUTION OF COPIES** — Applicant makes two copies and forwards the original and one copy to Department Headquarters for processing. All grant requests must be reviewed and signed by the Department Commander and Department Adjutant before being sent to National Headquarters. **Make sure you have included ALL proper documentation and photos of your hardship that will justify your grant request for temporary financial assistance as a result of this disaster.**

Recommendation/signature of the Legion Department officers. AFTER THE APPLICATION HAS BEEN COMPLETED, IT IS TO BE SENT TO THE DEPARTMENT HEADQUARTERS FOR RECOMMENDATION AND SIGNATURE. If additional information is needed, the Department will either call or return the application to the local Post or individual member for the necessary information. If the application is properly completed, a recommendation will be made and signed by both the Department Commander and Adjutant with the recommended amount, then forwarded to the National Emergency Fund Coordinator for action. When approved by the National Adjutant, a check will be made out and forwarded to the Department Headquarters for issuance to the applicant.

If any of the above criteria has not been met, the application will be rejected and returned to the Department Headquarters for amendment or further clarification. If the application is disapproved, it will be returned to the Department Headquarters who will notify the applicant.

IF YOU HAVE ANY QUESTIONS REGARDING THE ABOVE INFORMATION, CONTACT YOUR DEPARTMENT HEADQUARTERS FOR HELP.



INTERNET GRANT APPLICATION

**The American Legion
National Emergency Fund
Application For:**

Post Grant -- Must be completed by authorized Post Officer
Individual Member Grant (Legion, Auxiliary, SAL)

SECTION I Application Information **DATE OF OCCURRENCE:** _____ *(MUST be within 90 days)*

1.) Name _____ 2.) Office Held _____
(First) (Middle) (Last) (If Applicable)

3.) Membership ID # _____ 4.) Post # _____ 5.) Dept. _____

6.) Address _____
(Street or P.O. Box #) (City) (State) (Zip)

7.) Phone _____ 8.) Signature _____
(Area Code) (Number)

9.) Description of Loss: *(Attach any and all supporting documents; i.e., photographs, repair estimates, etc.)*

10.) Repair/Replacement Estimate: \$ _____

11.) Amount Available from other Sources: \$ _____ *(Insurance, donations, state/federal aid, other disaster funds)*

SECTION II Financial Statement:

12.) INCOME (Individual Only)

Source	Annual Amount of Income	
	Veteran	Spouse
Earnings	\$ _____	\$ _____
Social Security (green check)		
Other Annuities and Retirements		
Dividends and Interest, etc.		
Supplemental Security Income (gold check)		
All other Income		

13.) NET WORTH (Individual and Post)

Source	Amounts	
	Post/Veteran	Spouse
Fundraising	\$ _____	\$ _____
Stocks, Bonds, Bank Deposits		
Real Estate		
Other Property.		
Total Debts		
Net Worth		

14.) DISTRIBUTION: Make two (2) copies: Send original and one (1) copy to Department, one of which will be forward to National. Retain one copy for your files.

FOR OFFICE USE ONLY	
APPROVE	DISAPPROVE
Recommended Amount	

Department Commander	

Department Adjutant	
Date _____	
APPROVE	
DISAPPROVE	
National Administrator	

Date _____	
APPROVE	
DISAPPROVE	
National Adjutant	

Date _____	